

SERFF Tracking Number: UNAM-126794800 State: Arkansas
Filing Company: Marquette National Life Insurance Company State Tracking Number: 46670
Company Tracking Number: MN-GI (8/10) AR
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: Medicare Supplement Guaranteed Issue Determination Application
Project Name/Number: /

Filing at a Glance

Company: Marquette National Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UNAM-126794800 State: Arkansas

Guaranteed Issue Determination Application

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Approved- Closed State Tr Num: 46670

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: MN-GI (8/10) AR State Status: Approved-Closed
Other 2010

Filing Type: Form

Author: Darlene Lawrence

Date Submitted: 08/31/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 09/08/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/08/2010

Explanation for Other Group Market Type:

State Status Changed: 09/08/2010

Deemer Date:

Created By: Darlene Lawrence

Submitted By: Darlene Lawrence

Corresponding Filing Tracking Number:

Filing Description:

RE: MARQUETTE NATIONAL LIFE INSURANCE COMPANY

NAIC Company No.: 71072 FEIN No.: 36-2641398

MN-GI (8/10) AR – Medicare Supplement Guaranteed Issue Determination Application

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Dear Sir/Madam:

The above form is being submitted for your review and approval. It will be replacing previously approved form, MN-GI (1/06) AR, approved on December 9, 2005.

The Company has determined it would like to add Plan N to the list of plans that will be available for a guaranteed issue triggering event. We currently offer Plans A or F- on a guaranteed issue basis, and have modified our form to include Plan N.

This application will be used with the following previously approved policy forms:

FORM NUMBER DESCRIPTION APPROVAL DATE

MMSI-10-PLAN A AR Medicare Supplement Plan A April 22, 2010
MMSI-10-PLAN D AR Medicare Supplement Plan D April 22, 2010
MMSI-10-PLAN F AR Medicare Supplement Plan F April 22, 2010
MMSI-10-PLAN G AR Medicare Supplement Plan G April 22, 2010
MMSI-10-PLAN N AR Medicare Supplement Plan N August 26, 2010
MMSI-S-10-PLAN D AR Medicare Select Plan D April 22, 2010
MMSI-S-10-PLAN F AR Medicare Select Plan F April 22, 2010
MMSI-S-10-PLAN G AR Medicare Select Plan G April 22, 2010
MMSI-S-10-PLAN N AR Medicare Select Plan N August 26, 2010

Thank you for your assistance with this filing. If you have any questions, please call me at (800) 882-1054, extension 8320. My email address is dlawrence@uafe.com. My fax number is (407) 628-9021.

Company and Contact

Filing Contact Information

Darlene Lawrence, dlawrence@uafe.com
P.O. Box 958465 407-628-1776 [Phone] 8320 [Ext]
Lake Mary, FL 32795-8465

Filing Company Information

Marquette National Life Insurance Company	CoCode: 71072	State of Domicile: Texas
1001 Heathrow Park Lane	Group Code: 953	Company Type:
Suite 5001	Group Name:	State ID Number:
Lake Mary, FL 32746	FEIN Number: 36-2641398	
(407) 995-8000 ext. [Phone]		

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per health form if filed separately from policy form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Marquette National Life Insurance Company	\$50.00	08/31/2010	39142091

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/08/2010	09/08/2010

SERFF Tracking Number: *UNAM-126794800* *State:* *Arkansas*
Filing Company: *Marquette National Life Insurance Company* *State Tracking Number:* *46670*
Company Tracking Number: *MN-GI (8/10) AR*
TOI: *MS09 Medicare Supplement - Other 2010* *Sub-TOI:* *MS09.000 Medicare Supplement Other 2010*
Product Name: *Medicare Supplement Guaranteed Issue Determination Application*
Project Name/Number: */*

Disposition

Disposition Date: 09/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-126794800 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Medicare Supplement Guaranteed Issue Determination Application	Approved	No

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Form Schedule

Lead Form Number: MN-GI (8/10) AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 09/08/2010	MN-GI (8/10) AR	Application/ Medicare Enrollment Form	Supplement Guaranteed Issue Determination Application	Initial			MN-GI (8-10) AR.pdf

MEDICARE SUPPLEMENT GUARANTEED ISSUE DETERMINATION APPLICATION
COMPLETE ONLY IF APPLYING FOR A MEDICARE SUPPLEMENT POLICY ON A GUARANTEED ISSUE BASIS

For any applicant to be considered eligible for a Medicare Supplement policy on a guaranteed issue basis, ***other than during an open enrollment period***, the following information and appropriate documentation must be provided in addition to completion of the application for Medicare Supplement insurance.

If you are issued a Medicare Supplement policy on a guaranteed issue basis we will waive any pre-existing condition limitation.

Prior Coverage - Employee Welfare Benefit Plan

Within the last 63 days, did your employee welfare benefit plan terminate or cease to provide some or all health benefits supplementing Medicare?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Within the last 63 days, did your employee welfare benefit plan that was primary to Medicare terminate or cease to provide some or all health benefits supplementing Medicare or did you leave the plan, whether the plan was primary or secondary to Medicare?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

If you answer "yes", you are eligible for Medicare Supplement Plans A, F or N on a guaranteed issue basis.

Prior Coverage - Enrolled in a Medicare Advantage (formerly Medicare+Choice) Plan or With a PACE Provider That Had Been Elected Upon First Becoming Enrolled for Benefits Under Medicare Part A

Within the last 63 days, did you terminate enrollment from a Medicare Advantage (formerly Medicare+Choice) plan or a Program of All-Inclusive Care for the Elderly (PACE), having enrolled in such plan upon first becoming enrolled for benefits under Medicare Part A, and subsequently disenrolled within 12 months of enrollment?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

If you answer "yes", you are eligible for any Medicare Supplement policy offered by the company on a guaranteed issue basis.

Prior Coverage - First time Enrollment in Medicare Select Policy, Medicare HMO, Medicare Demonstration Project, Medicare Health Care Prepayment Plan, Medicare Advantage (formerly Medicare+Choice) Plan, or with a PACE Provider After Termination of Medicare Supplement Coverage

1. Within the last 12 months, did you terminate Medicare Supplement coverage to enroll for the first time in a Medicare Select Plan, Medicare HMO, Medicare Demonstration Project, Medicare Health Care Prepayment Plan, Medicare Advantage (formerly Medicare+Choice) Plan, or a Program of All-Inclusive Care for the Elderly (PACE)?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

If "yes", with what Company? _____ Policy No. _____

2. Within the past 63 days, did you terminate enrollment in such plan?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

If you answer "yes" to questions 1. and 2., you are eligible for the same Medicare Supplement plan, on a guaranteed issue basis, that you had prior to the election of the coverage that most recently terminated. However, application must be made to the same insurer that provided the Medicare Supplement coverage. If that insurer does not have that plan available, then you are eligible for a Medicare Supplement Plan A, F or N from this company on a guaranteed issue basis.

Company: _____ Policy Number: _____

Prior Coverage - Medicare Select Policy, Medicare HMO, Medicare Demonstration Project, Medicare Health Care Prepayment Plan, Medicare Advantage (formerly Medicare+Choice) Plan, or You Are 65 Years of Age or Older and Enrolled With a PACE Provider

Within the last 63 days, did you discontinue enrollment in a Medicare Select policy, Medicare HMO, Medicare Demonstration Project, Medicare Health Care Prepayment Plan, Medicare Advantage (formerly Medicare+Choice) Plan, or you are 65 years of age or older and discontinued enrollment in a Program of All-Inclusive Care for the Elderly (PACE) because:

- a. the plan's certification was terminated or the plan was discontinued in the area in which you live?
Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No
- b. you changed your place of residence or there was another change in circumstance (other than nonpayment of premium) which made you ineligible for the plan?
Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No
- c. you have satisfactorily demonstrated that the organization substantially violated a material provision of the plan with respect to your care?
Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No
- d. you have satisfactorily demonstrated that the organization, agent or other entity acting on the plan's behalf, materially misrepresented the plan's provision in the marketing of the plan to you?
Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

If you answer "yes" to any questions a.- d., you are eligible for Medicare Supplement Plans A, F or N on a guaranteed issue basis.

Prior Coverage - Medicare Supplement Policy

Within the last 63 days, did your Medicare Supplement policy terminate because:

- a. the insurer went bankrupt, became insolvent, or involuntarily terminated the plan and there is no state law or regulation for continuation or conversion of such coverage?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

- b. you have satisfactorily demonstrated that the insurer substantially violated a material provision of the policy with respect to your care?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

- c. you have satisfactorily demonstrated that the insurer, agent or entity acting on the company's behalf materially misrepresented the policy's provisions in marketing the plan to you?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

If you answer "yes" to any question you are eligible for Medicare Supplement Plans A, F or N on a guaranteed issue basis.

Prior Coverage - Medicare Supplement Policy with Outpatient Prescription Drug Benefits

Did you enroll in a Medicare Part D plan during the initial enrollment period (November 15, 2005 to May 15, 2006), and at the time were you enrolled under a Medicare supplement policy that covers outpatient prescription drugs?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Effective date of your coverage under Medicare Part D: Proposed Insured: _____ Spouse: _____
(The guaranteed issue period ends 63 days after the effective date of your coverage under Medicare Part D.)

Did you subsequently terminate your Medicare supplement policy?

Proposed Insured: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

If you answer "yes" to both questions, you are eligible for Medicare Supplement Plans A, F or N on a guaranteed issue basis.

If you are eligible for a Medicare Supplement policy on a guaranteed issue basis, you must provide appropriate documentation of your termination of or disenrollment from coverage or Medicare Part D enrollment along with your application for the Medicare Supplement policy. Appropriate documentation includes written information that identifies the plan of coverage, the date of the termination of or disenrollment from coverage and the reason for termination.

To the best of my knowledge and belief, the information provided above is true and correct. I understand that this application will become part of my application for coverage, and thus part of the policy. The company may investigate my responses to the questions, and the documentation that I have provided.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at: _____ Date: _____
City State

Signature: _____ Signature: _____
Proposed Insured Spouse, if applying for coverage

Signature: _____ Agent's Code: _____
Licensed Agent

Print Agent's Name: _____ Agent's State Ins. Lic #: _____

Date: _____

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Readability does not apply to this form. Regulated language.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: No policy is being filed. Application form only.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: No actuarial justification necessary. Application form only.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Application form only being filed.		
Comments:		